

FILED JAN 26 1948

Registration District No. 206

Primary Registration District No. 5743

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Rural: Marguand  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Marguand, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 64 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Marguand, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Victoria BERGE

3. (b) If veteran, name war None 3. (c) Social Security No. 489-12-3103

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife William Berge  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 17, 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>6</u>	<u>27</u>	hr. min.

9. Birthplace Madison Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housemaid  
11. Industry or business None

MOTHER FATHER  
12. Name BENTON SITZES  
13. Birthplace Madison Co. Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Young  
15. Birthplace Madison Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Joel Benton McDaniel  
(b) Address Marguand, Mo.

17. (a) Burial (b) Date thereof JAN-15-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frederick town, Mo.  
18. (a) Signature of funeral director Sam Wajin, Jr.  
(b) Address Frederick town, Mo.

19. (a) 1-16-48 (b) Therence H. Hester  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 14  
year 1948 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 8, 1948 to Jan 14, 1948  
that I last saw her alive on Jan 13, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 6 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 108

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. W. Delaney (M. D. or other) P.O.  
Address Fredericktown Mo Date signed 1-16-48

RECEIVED

Health Officer No. 4  
File Number 148-101  
Date Filed 1-26-48

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed

*Sam Sajim, Jr.*

Licensed Embalmer No.

4299

P. O. Address

*Fredericktown, Md.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**